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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/552,462	10/07/2005	Yoshiaki Hirata	125595	2231
25944 OLIFF & BFR	7590 06/08/2007 F & BERRIDGE, PLC		EXAMINER	
P.O. BOX 19928 ALEXANDRIA, VA 22320			MEISLIN, DEBRA S	
			ART UNIT	PAPER NUMBER
			3723	1
			MAIL DATE	DELIVERY MODE
		,	06/08/2007	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

	Application No.	Applicant(s)
Interview Summary	10/552,462	HIRATA ET AL.
interview Summary	Examiner	Art Unit
	D S. Meislin	3723
All participants (applicant, applicant's representative, PTO	personnel):	,
(1) <u>D S. Meislin</u> .	(3)	
(2) Mr. Chu (52,744).	(4)	•
Date of Interview: 6/5/07.		
Type: a)☐ Telephonic b)☐ Video Conference c)☑ Personal [copy given to: 1)☐ applicant 2	2)⊠ applicant's representative	·]
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.	
Claim(s) discussed: proposed claims.		
Identification of prior art discussed: of record.		l
Agreement with respect to the claims f)☐ was reached. g)⊠ was not reached. h)□ N	//A.
Substance of Interview including description of the general reached, or any other comments: <u>Discussed the proposed be examined upon receipt thereof</u> . (A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached. THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER	ments which the examiner agroup of the amendments that was.) CTION MUST INCLUDE THE last Office action has already OF ONE MONTH OR THIRTY	reed would render the claims will rould render the claims rould render the claims SUBSTANCE OF THE been filed, APPLICANT IS DAYS FROM THIS
INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTERPRETATION		
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Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.	Examiner's sign:	ature, if required

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Examiner's signature, if required